



GEORGIA MEDICAID FEE-FOR-SERVICE JADENU PA SUMMARY

Preferred	Non-Preferred
Exjade tablets for oral suspension (deferasirox)	Jadenu tablets (deferasirox)

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to blood transfusions (transfusional iron overload) that has required a transfusion of at least 100 mL/kg packed red blood cells, has a serum ferritin level >1,000 mcg/L AND has tried and failed therapy with Exjade.
- ❖ Approvable for members 8 to 17 years of age with chronic iron overload (toxicity) due to non-transfusion-dependent thalassemia (non-transfusional iron overload) that has a liver iron (Fe) concentration (LIC) >5 mg iron per gram of dry weight (Fe/g dw), has a serum ferritin level >300 mcg/L AND has tried and failed therapy with Exjade.
- ❖ Member serum ferritin, renal function and hepatic function must be routinely monitored.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.